

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	510	9-26
TYPIST	289	9/27/92
VERIFIER	501	
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim		Date
Final	Original	
3	35	
4	97	
5	98	
6	91	
7	82	
8	82	
9	82	
10	83	
11	84	
12	84	
13	84	
14	84	
15	84	
16	84	
17	84	
18	84	
19	84	
20	84	
21	84	
22	84	
23	84	
24	84	
25	84	
26	84	
27	84	
28	84	
29	84	
30	84	
31	84	
32	84	

Claim		Date						
Final	Original							
	51							
	52							
	53							
	54							
	55							
	56							
	57							
	58							
	59							
	60							
	61							
	62							
	63							
	64							
	65							
	66							
	67							
	68							
	69							
	70							
	71							
	72							
	73							
	74							
	75							
	76							
	77							
	78							
	79							
	80							
	81							
	82							
	83							

SYMBOLS

✓	_____	Rejected
•	_____	Allowed
(Through numeral)	_____	Canceled
+	_____	Restricted
2	_____	Non-started